

JUL 11 2006

PART B - FEE(S) TRANSMITTAL

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27820 7590 04/21/2006
WITHROW & TERRANOVA, PLLC.
P.O. BOX 1287
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<i>Kelly Farrow</i>		(Depositor's name)
<i>Cell</i>		(Signature)
7/11/06		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
09/177,251	10/22/1998	ERIC C. ANDERSON		1104-036	2859

TITLE OF INVENTION: METHOD AND SYSTEM FOR IMPROVING IMAGE QUALITY OF PORTRAIT IMAGES USING A FOCUS ZONE SHIFT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/21/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
AGGARWAL, YOGESH K	2622	348-345000	07/12/2006 TBESHAW2 00000039 09177251		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1400.00 OR

1. Withrow & Terranova, PLLC
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FlashPoint Technology, Inc.

Raleigh, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1732. (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 11, 2006

Typed or printed name

Registration No. 40,876

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